

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N26726**

1. Entity Name

HEALTHCARE EDUCATION PLUS, INC.**FILED**
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90096 031 *****61.25

0046821

Principal Place of Business

**303 SE 17TH ST
ATTN: LEATRICE PHARES
FT. LAUDERDALE FL 33316**

Mailing Address

**303 SE 17TH ST
ATTN: LEATRICE PHARES
FT. LAUDERDALE FL 33316**

2. Principal Place of Business

ATTN: Human Resource Admin.

Suite, Apt. #, etc.

3. Mailing Address

ATTN: Human Resource Admin.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0234119

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SCHERER, WILLIAM R., ESQ.
633 SO. FEDERAL HWY
EIGHT FLOOR
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TROWER, WIL	
STREET ADDRESS	303 SE 17TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	

TITLE	D	<input type="checkbox"/> Delete
NAME	MAHANEY, PATRICIA	
STREET ADDRESS	303 SE 17TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHARES, LEATRICE	
STREET ADDRESS	303 SE 17TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maietta, Carol	
STREET ADDRESS	303 SE 17th Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**Carol Maietta** *Carol Maietta* **4/16/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-355-5737

Daytime Phone #

CR2E037 (10/00)